

# **3 Substance Abuse and Readiness**

## **SUBSTANCE ABUSE AND READINESS**

**PURPOSE/GOAL:** To understand how one's substance abuse can negatively affect all those around him/her.

**OBJECTIVES:** To understand how one negatively impacts his/her fellow soldiers and unit through substance abuse, and how to change in a positive way.

To understand how one hurts his/her family through substance abuse, and how to change in a positive way.

To understand how one hurts friends, acquaintances and even those people he/she doesn't know (e.g. drivers on the same road with an impaired driver), and how to change in a positive way.

## **INTRODUCTION**

The Army, in its ever evolving role, has become more aware of and more concerned with the “Total Army Community” including family members of active duty personnel, Department of the Army civilians and their families, retired, reserves, national guard, and the communities in which their posts are located. Just as no individual is an island unto him or herself, so too is the Army connected to the civilian community that effects the lives of its soldiers.

One soldier’s substance abuse is the pebble thrown into the lake whose ripples spread out and affect all those around him: the unit, the co-worker, the family, the friends, even those unknown to him or her who may cross his/her path. For example, if a number of soldiers are driving impaired in their surrounding community, it is a community problem for all involved, and not just an individual problem.

Other sections of this book will also explore this area. Here we will look at the wide-ranging impact a single soldier with a substance abuse problem can have on his/her unit, fellow workers, family, friends, acquaintances, and even those unknown to him/her who are nevertheless negatively affected by his/her substance abuse.

*Film Resource:*  
*Cruel Spirits: Alcohol and*  
*Violence*  
*MTI/Film and Video*  
*108 Wilmot Road*  
*Deerfield, IL 60015*  
*1-800-621-2131*

## **UNIT READINESS**

Substance abuse affects not only the individuals who are abusing, but also those who work with the abuser. The readiness of the unit as a whole as well as the individuals in the unit is affected by any one or more of the following issues. It is important to keep in mind that each individual is a part of the unit and the well being of each individual affects the unit as a whole.

The morale of the unit can be affected by those who are abusing substances. Frequently members of the unit are aware of the problems being caused by substance abuse and may resent not only the individual, but also the way that command is addressing the problem. This is especially true if there is any perception that command is applying tasks or sanctions connected with substance abuse unequally or unfairly. The perceived action or lack of action often dictates how willing a person is to support the unit’s mission. An individual’s passivity in this area may lead to a general lack of interest in the well being of the unit and may therefore put the whole unit at risk.

One of the workplace indicators of a substance abuse problem is an increase in accidents. While not every accident is caused by substance abuse, a significant number are. It is important that the command and the individual soldier be aware of the possible connection, especially in cases where it is not obvious. For example, a soldier's motor coordination and judgment are impaired in the morning when he/she comes to work, not realizing that excessive drinking the night before a duty day can leave one still impaired the next morning. One example of this type of impairment is a soldier firing his/her rifle on guard duty at an inappropriate target. Nerves or stress may be claimed or identified as the cause, when actually the soldier has taken a stimulant like cocaine, not realizing that cocaine does not make one alert, it makes one hyper, prone to mistakes, and bad judgments.

We need to remember that if a family member (spouse or child) is abusing substances, the service member is affected, and this in turn may affect not only other individuals, but also the unit as a whole.

Substance abuse may also affect the unit's readiness in a more indirect manner as well. For example, other problems such as financial or domestic violence are frequently related to substance abuse. Again, regardless of the problems the members of the unit are experiencing, the overall impact detracts from the unit's ability to perform its mission.

A soldier's substance abuse often leads to noticeable changes in personality — the trusted colleague becomes untrustworthy. He may become argumentative and generally hard to get along with. The mission and readiness of a unit is dependent on the relationship between the individual members. When the members do not believe that they can depend on each other, it is easy to see that the sense of readiness is jeopardized. In addition, incidence of chronic lateness, conflict and/or violence in the workplace, or disintegration of unit cohesiveness may also be attributed to soldiers' substance abuse.

### **FAMILIES**

“Why are you bugging me about my drinking? My drinking doesn't hurt anybody but me...”

The reality is that substance abuse hurts everyone: your spouse, your children, or any family member who tends to come in contact with you.

*Have participants list the various ways that substance abuse affects the unit. Have participants discuss these effects.*

## The Spouse

When there is substance abuse, the spouse is usually the first person to perceive the change, to be negatively impacted, or to offer feedback to the substance abuser. This feedback is not always given in a constructive manner and is almost always responded to in a denying and negative manner. Not only are the two people involved changed, but the relationship itself is changed. Spouses interact in a different way — behavior is changed, feelings toward the spouse tend to change, and feelings toward self begin to change.

In addition, spouses are often the target for displaced anger. People who are angry at their bosses seldom can express their anger directly. The temptation is to displace this anger on a more convenient target, a safe target, a target who will tolerate more abuse than any other — in short, one's spouse. Sober, one can often avoid this temptation. Under the influence of a substance or caught up in the addiction cycle, abusers are much more likely to lash out physically, psychologically, or emotionally at their spouses. Significant incidents of domestic violence involving alcohol and other drugs are a major concern to the Army.

*Include local Army statistics on domestic violence involving substance abuse (PMO is a good resource).*

## The Children

Awareness of the dynamics of dysfunctional substance abusing families has increased significantly during the past two decades. Lacking the nurturing and attention they need, children assume roles and behaviors to compensate. While these behaviors get them some degree of short-term relief, they tend to carry them forward into their adult life where these behaviors create problems instead of alleviating them (for example: not trusting, not feeling etc.). These dynamics will be elaborated on in the following section.

## The Families

Alcoholism/Addiction is a family disease. When one family member is involved in substance abuse, all members are affected. The family is a system — no one acts alone. Each family member is affected in a different way, and each tries to cope in the best way he or she can.

All families, the healthy as well as the dysfunctional, have their own profiles. Healthy families share a number of characteristics, each underscoring the value of individual family members, all promoting respect, trust, and affection among family members. Features common to the dysfunctional, troubled, or unhealthy family include confused

*Ask class participants to give examples of selected characteristics of both healthy and dysfunctional families.*

*Distribute copies of the Family Dynamics Profile given at the end of this lesson to willing participants. Ask participants to share the results of the completed profiles with their own families.*

*Ask the class to think of a favorite television show depicting family life, such as The Cosby Show, Family Ties, or Growing Pains, and to identify individual roles.*

roles, lack of support, and feelings of low self-worth. These characteristics are shared whether the dysfunction is caused by alcoholism, domestic violence, incest, or some other problem.

**Family Roles.** The members of all families, healthy or troubled, play roles or act parts. After trying different roles, each family member finally settles into a comfortable behavioral pattern. The purpose of these roles is to maintain balance or equilibrium within the family.

Clinical experience has demonstrated that individuals within chemically dependent families typically display a number of roles which often create both short-term and long-term problems.

- **Dependent** -- The chemical-dependent person who becomes the center of the family system
- **Enabler** -- A person, most often the spouse, who facilitates the substance abuse by not allowing the chemically dependent person to experience negative effects
- **Family Hero** -- An individual, often a superior student, top athlete, or successful employee, who tries to take care of the responsibilities neglected by the chemically dependent person. This gets the hero some positive attention but often prevents his own needs from being met. It also enables the chemically dependent person to continue the abuse.
- **Scapegoat** -- A family member, often a school or company troublemaker, who breaks family rules and defies authority, thereby getting some attention. The trouble is, the attention is negative and lowers self-esteem.
- **Lost Child** -- A person who withdraws from the chaos and pain in the family system by being quiet, isolated, and lonely. The lost child suffers from stunted social skills and low self esteem.
- **Mascot** -- An individual, such as a school clown, company joker, or social cutup, who seeks attention at the expense of other people. The Mascot is often seen as immature and selfish, and carries this negative self-image into the future.

### Codependency and Families

Over the years, clinicians have noted that the family members of problem drinkers exhibit behaviors and express feelings that are similar. This pattern of behaviors and feelings was eventually termed codependency.

The effects of substance abuse are far reaching and affect all members of the abuser's family. Family members (spouse and children) often feel and accept responsibility for the abuser's behavior. They have feelings of self-doubt, inadequacy, and guilt when they cannot control the abuser's behavior. The abuser becomes self-centered and is often manipulative of other family members who are trying to control his or her use of the substance. As a result of these dysfunctional relationships, codependents become emotionally repressed, avoid reality, and often develop their own compulsions (through chemicals or other obsessive behavior).

These self-defeating, dysfunctional patterns of living and problem solving which come about as a result of learning an unhealthy set of rules within the family system are called Codependency.

The effects of relationships with substance abusers are so powerful that they often span more than one generation, e.g., from the children of alcoholics to their own children. To counter these effects, the members of dysfunctional families need to recognize the characteristics of codependency and to seek available help.

**Characteristics of Codependency.** Some of the characteristics of codependency include:

- Caretaking or feeling responsible for others
- Being unable to say no
- Feeling inadequate
- Exhibiting obsessive behavior
- Denying or ignoring problems
- Depending on others for happiness or blaming others for being unhappy
- Communicating ineffectively
- Being unable to trust others
- Having sexual problems

Families have varying levels and types of dysfunction. Some of the variables which may affect the dysfunction include age of the child during the worst dysfunction, extent of abuse, parenting style, place of child in the family, cultural background, and extent of support system.

**Detachment.** To begin making changes toward improving patterns of codependency, we must learn to detach. Detachment is based on the premise that each person is responsible for him/her self. Detachment breaks the cycle of controlling and reacting. It helps us take the time and space to take care of ourselves. The focus becomes “self” instead of “others.” We make a decision to keep our hands off other people’s responsibilities and tend to our own instead. This perspective allows life to happen instead of forcing and trying to control everything. Detachment keeps us from always reacting to others.

Ideas for detaching:

- Focus on yourself
- Set limits
- Start talking
- Trust others to help you
- Finish old childhood business
- Stop looking for happiness in others
- Learn new skills —read, educate yourself
- Join a support group ACOA/Alanon
- Seek counseling
- Admit to your behavior and talk straight about it
- Decide what you will or won’t do
- Leave or end the relationship
- Don’t pretend anymore
- Get out of the house
- Take a time-out
- Improve your spirituality
- Journal about your feelings
- Set personal goals
- Exercise
- Meditate
- Stop trying to change others

*Have the group brainstorm some ways to detach.*

*For other ideas or information, recommend the book "Codependent No More" by Melody Beattie.*

**Becoming Functional.** As children are growing up, families teach both spoken and unspoken rules for dealing with feelings, solving problems, and interacting with people. In dysfunctional families, the



unhealthy rules which foster codependency include such things as not talking about problems, not communicating directly, not allowing time to have fun, and family members not taking care of themselves.

The healthy, growth-enhancing rules include: being able to talk about problems, expressing feelings, speaking directly about problems, caring for yourself, and having fun.

**Application - The Family Dynamics Profile.** If you and your family are interested in changing, talk about the things each of you is willing to do to bring about change. To complete the profile, first place an X through the number that represents where you think your family is now. Next, draw a circle around the number that represents where you'd like your family to be a year from now. To make your comparison easier, you might want to use two different colored pencils and connect the X's and circles to get a profile of your family's dynamics. Consider putting a date on your profiles and taking a picture of everyone for the family album.

*Video: Caring for Ourselves by Melody Beattie. For further reference, see literature by Robert Subby, M.A. and John Friel, Ph D.*

*Every family has its own strengths and weaknesses, its ups and downs as it develops across time. Here is a set of dimensions that characterize different aspects of your family functioning. Make several copies of this profile--one for each family member who is interested in participating in this review--then have each member independently rate your family as he or she sees it. After each person has completed the ratings, sit together and compare them. Be sure to share the experiences that serve as the basis for each rating. Talk about common characteristics that occur for everyone.*

Weak	1	2	3	4	5	6	Strong
Unequal	1	2	3	4	5	6	Equal Roles
Set/ Interchangeable/ Prescribed	1	2	3	4	5	6	Negotiable
Confusing	1	2	3	4	5	6	Clear
Stifled	1	2	3	4	5	6	Spontaneous
Insensitive	1	2	3	4	5	6	Responsive
Isolated	1	2	3	4	5	6	Intimate

## Family Dynamics Profile

To complete this profile, place an X through the number that represents your **current** condition. Then, draw a circle around the number that represents where you'd like your family to be a year from now.

Parental Coalition	Invasive	1	2	3	4	5	6	Autonomous
<hr/>								
	Competitive	1	2	3	4	5	6	Collaborative
<hr/>								
Parental Power								
<hr/>								
	Hostile/cynical	1	2	3	4	5	6	Fun/Energetic
<hr/>								
Roles								
<hr/>								
	Unclear	1	2	3	4	5	6	Clear
<hr/>								
Communication								
	Ineffective	1	2	3	4	5	6	Effective
	Rigid	1	2	3	4	5	6	Adaptable
<hr/>								
	Vague	1	2	3	4	5	6	Clear
Members'								
Interconnectedness	Fixed	1	2	3	4	5	6	Flexible
<hr/>								
	Nonexistent	1	2	3	4	5	6	Well-Established
<hr/>								
Feeling Tone								
	Rare	1	2	3	4	5	6	Frequent
<hr/>								
Values/Goals								
	Drudgery	1	2	3	4	5	6	Enjoyable
<hr/>								
Decision Making								
	Underdeveloped	1	2	3	4	5	6	Well-Developed
<hr/>								
Rules								
	Pessimistic	1	2	3	4	5	6	Optimistic
	Minimize Opportunities	1	2	3	4	5	6	Maximize Opportunities
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Traditions	Insulated	1	2	3	4	5	6	Involved
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Leisure Time	Reluctant Association	1	2	3	4	5	6	Proud to Belong
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Work/School

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**SUBSTANCE ABUSE AND FRIENDS**

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Spiritual Awareness	<p>The effect of substance abuse on friends is very similar to the effects on family members. When a person begins to abuse a substance, his subsequent behavior <u>has an effect on the people around him. The affected people include family members, colleagues (people in unit/workplace) and friends. This section focuses on friends and how substance abuse effects them.</u></p> <p>Frequently, trust is a major issue that needs to be examined when we look at substance abuse and friendship. Often, as an individual becomes a substance abuser, <u>his priorities change — the drug becomes more important to him than maintaining a relationship.</u> The abuser may neglect commitments and simply become undependable. This doesn't happen "on purpose" — it is a part of the process of the disorder of substance abuse. Even so, the effect on friendship can be traumatic. <u>Friends may need to develop the ability to detach from the abuser</u> and realize that with effective intervention the person abusing can change, and the trust can be reestablished.</p>
Orientation to Life	
Relationship to Outside World	
Family Spirit	

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The friend should also be aware of the concept of enabling. Basically this means that we, as friends, should allow the person abusing to experience consequences of his behavior. The friend should not protect the abuser or make excuses for his use. This may be difficult for friends to do, but with direct communication with others, it can be done.

Another issue may be a friend's feelings of guilt or responsibility for the substance abuser's actions. Feelings such as "If he/she has a problem, then maybe I had something to do with it," or "I should have known" may emerge. Again, it is important to know that the abuser is the person who is responsible for his situation and making it better.

*Have participants share experiences they have had with friends who abuse substances.*

*Have participants brainstorm and come up with ways friendships can be effected by substance abuse.*

*Have participants come up with ways people not known to the abuser can be effected.*

## CODEPENDENCY -- FRIENDS AND COWORKERS

Family members are not the only people caught up in the maelstrom of someone's addiction. Friends and coworkers often find themselves in the same predicament as spouses and children: they care about the addicted individual, but in their unsuccessful efforts to help, they themselves develop problems.

Alcohol is the most frequently abused drug in the Army, and therefore alcohol abusers are those most likely to draw others into codependent relationships. For this reason, we will refer to situations that typify an alcohol abuser and his friends and coworkers in this section. However, keep in mind that issues of codependency can be triggered by any type of substance abuse.

Remember, a person doesn't usually develop an alcohol problem overnight. Because the problem progresses gradually, both the individual and his friends and coworkers may be slow to recognize the signs.

*Discuss the reactions of a codependent person to a friend or co-worker who develops an alcohol problem.*

When these signs become obvious, (e.g., excessive drinking, loss of control, problems associated with drinking) codependents tend to react in one of three ways:

- Feelings of Compassion
- Feelings of Anger or Shame
- Feelings of Responsibility

To illustrate the concept of codependency and friends/coworkers, we will look at Mike and Stan.

*Role play some other possible scenarios.*

Mike and Stan are two coworkers who also happen to be good friends. Every Friday after work they go out for a couple of drinks at the club before heading home. Over the past year, Mike has steadily increased the amount of his drinking. After two hours, Stan would leave for home; Mike, for the last six months, has stayed and continued drinking. Three months ago, Mike and his wife started having trouble. Last month, Mike got a DUI. Last week, he got in a fight at the club after Stan left.

First, Stan may see Mike as “not himself,” as “out of control,” and therefore **feel compassion** for him. Stan might say “this could happen to me, and if it did, I know Mike would stand by me.”

Second, Stan may have **feelings of anger or shame**. While he may defend his friend to others, he may be wondering how Mike could behave so inappropriately at times. Stan experienced this when he and Mike attended a “Hail and Farewell” party. They were talking to two females from another unit when Mike, who has always been respectful to women on the job, unexpectedly turned rude and abusive. Stan found himself feeling angry and ashamed to be around Mike when he behaved this way.

Third, Stan may have **feelings of responsibility**, especially if he, too, drinks. He may feel “if I hadn’t gone out drinking with Mike so often, maybe he wouldn’t have turned in an alcoholic.”

These feelings may well lead someone to help the person with an alcohol problem in a constructive way. The codependent’s response, however, is often unproductive.

### UNPRODUCTIVE EFFORTS OF THE CODEPENDENT

First, Stan may **deny** the problem exists. Substance abuse is a progressive disease—things continue to get worse until the individual gets help. Denial postpones the inevitable while allowing the problem to grow. Denial also puts a lot of stress on the codependent because he is often called upon to explain, defend, or rationalize the abuser’s behavior. For example, Stan paid for damages incurred by Mike at the club, all the while explaining that Mike doesn’t really have a problem—that Mike “isn’t usually like this.”

*Talk about these unproductive efforts with the group. Let the group answer and decide why they don’t work.*

Second, Stan may try to **protect** Mike from any negative consequences his drinking causes him. When Mike has come to work still drunk from the night before, Stan has hidden this knowledge from the chain of command, thereby implicating himself. Making excuses is also typical. “Mike wouldn’t drink so much if he wasn’t having a hard time at home.” Protecting Mike from his advancing addiction isn’t protection, it’s enabling him to continue to self-destruct.

Third, Stan may try to **solve** Mike’s problem himself by attempting to control his drinking. “If I’m vigilant, I can keep him from drinking too

much.” This effort is always futile. If Mike has decided to drink, he will find a way.

Stan may try to counsel Mike himself. There are many stumbling blocks to this approach. Two obvious problems are that Stan is not a professional alcohol abuse counselor, and Mike is not likely to listen to Stan’s advice about drinking.

### NEGATIVE CONSEQUENCES OF CODEPENDENCY

A codependent who is faced with the myriad problems of his alcoholic friend and his own inability to help may suffer severe consequences.

First, his own **self-esteem may decline**. Stan was sure that he could help Mike, and now feels that he’s failed him. He asks himself “Why wasn’t my friendship strong enough to hold Mike up?”

Second, he may feel **depressed**. As Mike continued to get worse, Stan began to feel that all options facing him were negative ones. As he saw it, “A true friend would stick by Mike and go down with him to the bitter end.” He also bailed Mike out of debt so often that he began to have his own financial problems. When he considered the option of abandoning Mike to his own messes, he suffered feelings of guilt and regret.

Third, he may develop **health problems**. It is not uncommon for a codependent to develop ulcers, respiratory, cardiovascular or other physical problems due to the continuous stress of dealing with his alcoholic friend.

Fourth, he may begin having **problems with other relationships**. A friend with an alcohol problem takes up a lot of time. Other friends may feel anger and resentment at being neglected. A codependent may start treating his healthy relationships as he does his codependent one. He may become controlling and manipulative in all his relationships. A codependent who has learned in his relationship with an alcohol abuser not to trust or be open may generalize these attitudes to other relationships.

Fifth, he may himself become **addicted**. If Stan is spending time with Mike when he drinks excessively, it will be hard for Stan not to drink

excessively himself. Stan may feel pressured by Mike to drink to keep him company, to prove that he doesn't look down on Mike, or to show that he is a macho, two-fisted drinker just like Mike. Or, Stan may just get tired of trying anything to keep Mike sober and decide "if you can't beat them, join them."

### WAYS TO AVOID BEING CODEPENDENT

How can Stan break out of this vicious downward spiral that he and Mike are in?

First, he must **recognize the problem**—Mike's problem with alcohol and his problem with codependency. Stan must stop denying and honestly admit that Mike has a problem with alcohol, that all the problems at work and at home, the damaged relationships and hurt feelings are related to Mike's excessive drinking. Even more importantly, he must admit that his life has been harmed by his relationship with Mike.

Second, Stan needs to **aid** Mike by getting him the help he needs, not by **enabling** him to continue to drink. If Stan can't persuade Mike to get help on his own, Stan needs to consult those in the chain of command who can help (e.g., the unit ADC, the chaplain, the commander), and work with Mike's spouse and other friends on getting him help. One of the best ways this can be done is setting up an intervention with the help of the post ADAPCP and all the key people (e.g., Mike's spouse and friends, the ADAPCP Clinical Director, the unit counselor, the commander, and Mike's supervisor). Intervention is one of the best tools at breaking through denial, showing the individual that people care enough about him to support him through the difficult task of "unaddicting" himself and changing his negative lifestyle patterns.

Third, Stan needs to **recognize his limits** in being able to help his friend. As much as Stan cares for his friend, he cannot turn Mike's addiction around; Mike has to do that himself. Stan may do everything right and Mike may still refuse to help himself or let others help him. Mike may need to "hit bottom" before he can turn it around. Or, he may never turn it around—many people die every day from alcoholism. The key is Stan has done everything he can do to maximize Mike's chances of success, and that's all he can do. The rest is up to Mike.



Fourth, Stan needs to **take care of his own needs and problems**. A good place to start is Al-Anon. At an Al-Anon meeting, Stan can get support and understanding from others who have had an alcoholic friend or family member and gone through similar difficulties. Stan has spent a lot of time focusing on Mike and his problems. Now that Mike is receiving the help and support from other people as well as Stan, Stan needs to take a personal inventory of his own life—his needs, his goals, his current lifestyle, his relationships. This inventory should point out the way Stan can put his own life back in order, deal with his own problems. And it may well be that Stan could use some help. The key here is the same as it was for Mike—don't deny or cover it up; instead, reach out for some help from a counselor, a chaplain, or a qualified professional.

In looking back at this module and its contents, imagine Stan and Mike were members of your unit, office staff, or group of friends. What impact would all this have on personal relationships, working relationships, the work or unit environment, and your unit's readiness?

*Discuss at length with the group identifying actual incidents and occurrences in their lives or those they know.*

**TEST QUESTIONS**

- 1. A soldier's substance abuse affects:**
  - a. His family
  - b. His unit
  - c. His friends
  - d. His supervisor
  - e. All of the above\*
  
- 2. The behaviors and feelings that substance abuser's families experience are dependency.**

True or False\*
  
- 3. An increase in accidents in the workplace can be an indicator of a substance-abuse problem.**

True\* or False
  
- 4. Unit cohesiveness is a sign of a substance-abuse problem.**

True or False\*
  
- 5. There is nothing a family member or friend can do to help a substance abuser.**

True or False\*